

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
NOTICE OF INTENT
CAR/TRUCK WASH FACILITIES
NPDES GENERAL PERMIT ARG750000

Application Type: New Renewal (Permit # ARG75_____)

I. PERMITTEE/OPERATOR INFORMATION

Permittee (Legal Name): Hum's Hardware & Furniture Inc. Operator Type:
Permittee Mailing Address: ~~4200 E Broadway~~ 3901 E Broadway St State Partnership
Permittee City: North Little Rock Federal Corporation*
Permittee State: AR Zip: 72114 Sole Proprietorship/Private
Permittee Telephone Number: 501-945-2216 *State of Incorporation: AR
Permittee Fax Number: N/A The legal name of the Permittee must be
Permittee E-mail Address: jason@humsnlr.com identical to the name listed with the Arkansas

II. INVOICE MAILING INFORMATION

Invoice Contact Person: Mesha Duncan City: Conway
Invoice Mailing Company: Tyler Group State: AR Zip: 72032
Invoice Mailing Address: 240 Skyline Drive Telephone: 501-328-1400

III. FACILITY INFORMATION

Facility Name: Hum's Conway Equipment Wash Facility Contact Person: Jason Hum
Physical Address: 2900 Muskogee Road Telephone Number: _____
Directions to Facility: I-40/Hwy 25 Exit, N. to Blaney Hill Rd, W. to Veil Ave., S. to Muskogee, West to site
Facility County: Faulkner Facility City, State & Zip: Conway, AR 72032
Facility Latitude: 35 Deg 07 Min 14Sec Facility Longitude: 92 Deg 28 Min 21Sec

IV. DISCHARGE INFORMATION

Outfall Number: 001 Flow: 950
Stream Segment: 3F Hydrologic Basin Code: III 10203
Outfall Latitude: 35 Deg 07 Min 16Sec Outfall Longitude: 92Deg 28 Min 23Sec
Type of Treatment: Sediment basin & 1500 gal Sand/Oil Interceptor
Chemicals used in the process: _____
Please include the MSDS sheets.
Is detergent or chemical used
that contains: Phosphorus: Yes No Surfactants: Yes No
Receiving Stream: Unnamed tributary of Cypress Creek, thence into Cypress Creek, thence into Cadron Creek thence into
the Arkansas River

V. FACILITY PERMIT INFORMATION

NPDES Individual Permit Number (If Applicable): AR00
NPDES General Permit Number (If Applicable): ARG
State Construction Permit Number: _____
NPDES General Construction Stormwater Permit Number (If Applicable): ARR15

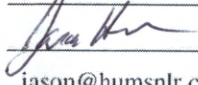
WATER DIVISION
5301 NORTSHORE DRIVE / NORTH LITTLE ROCK, ARKANSAS 72118
PHONE 501-682-0623 / FAX 501-682-0880
www.adeq.state.ar.us

VI. OTHER INFORMATION:

Additional Location Description _____
 Additional Comments: _____
 Consultant Contact Name: The Tyler Group – David White
 Consultant Email Address: david@tylergroup.net
 240
 Consultant Address: Skyline City: Conway State: AR Zip: 72032
 Consultant Phone Number: 501-329-1400 Consultant Fax Number: N/A

VII. CERTIFICATION OF OPERATOR

"I certify that, if this facility is a corporation, it is registered with the Secretary of the State of Arkansas. I certify that the cognizant official designated in this Application is qualified to act as a duly authorized representative under the provisions of 40 CFR 122.22(b). If no cognizant official has been designated, I understand that the Department will accept reports signed only by the Applicant. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

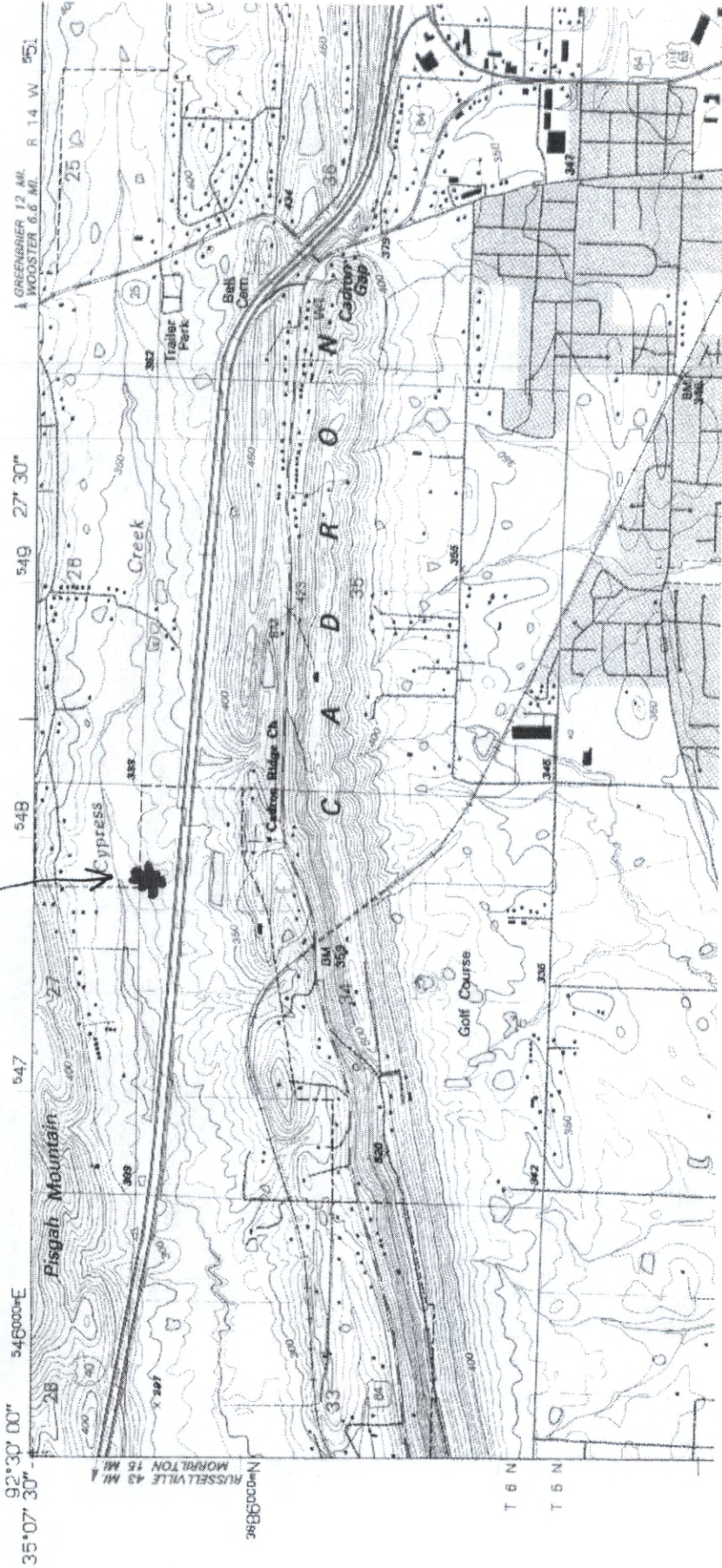
Responsible Official Printed Name: Jason Hum Title: Vice President
 Responsible Official Signature:  Date: 12/11/2020
 Responsible Official Email: jason@humsnlr.com
 Cognizant Official Printed Name: _____ Title: _____
 Cognizant Official Signature: _____ Telephone: _____
 Cognizant Official Email: _____

X. PERMIT REQUIREMENT VERIFICATION

Please check the following to verify completion of permit requirements. If you answer "NO" to any of questions below the application will be considered incomplete and cause a delay in the permitting process.

	Yes	No	
Submittal of Complete NOI?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Required Permit Fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New Permittees Only Check Number: <u>40252</u>
Submittal of Site Map?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Submittal of Disclosure Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Industrial Operator's License Number:	<u>Blake Sanders, #013609, Basic Industrial Operator</u>		

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



Outfall 001

GREENBRIER 12 MI.
WOOSTER 6.6 MI.

549 27° 30"

547

346000±E

92°30' 00"

35°07' 30" N

RUSSELLVILLE 43 MI.
MORRILLTON 15 MI.
989600±N

T 6 N
T 5 N

CEDAR RIVER

Bisgah Mountain

Cypress Creek

Trailer Park

Beth Cem

Cotton Ridge Ch

Golf Course

Cedar River Chp